

**TEXAS DEPARTMENT OF HEALTH
PROFESSIONAL SANITARIAN REGISTRATION PROGRAM
1100 West 49th Street, Austin, TX 78756**

**Commercial Education Business
Continuing Education Provider
Application/Agreement**

Read the attached Professional Sanitarian registration rules (25 Texas Administrative Code, Chapter 265.147) relating to continuing education before you complete this form. By completing and signing this document you agree to present continuing education programs in accordance with the rules.

Owner/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____

Telephone Number: _____

List of Presenters and Professional Qualifications (you may attach a separate list if necessary):

I hereby certify that all programs offered by this commercial education business will comply with the Texas Department of Health's administrative rules pertaining to the provision of continuing education as set out in 25 Texas Administrative Code (TAC), §265.147. I further certify that I will submit this application and fee to the Professional Sanitarian Registration Program in accordance with §265.147 (i-j); maintain records pertaining to all continuing education activities presented under this pre-approved number as cited in §265.147(m); and provide certificates of attendance in accordance with §265.147(n). I understand that failure to provide programs in accordance with the rules may result in the loss of my provider status.

Printed Name of Owner: _____

Signature of Owner: _____

For Professional Sanitarian Registration Program Use Only:

Professional Sanitarian Commercial Continuing Education Provider Number: _____

(This number must appear on all continuing education certificates)

Date of Review: _____ **Approved:** _____ **Disapproved:** _____ **Staff Initials:** _____